

Perth & Kinross Local Agreements:

Health Education A Policy on Drug Education Framework for Schools

[October 2000]

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1. Drugs Education - An Introduction

Increasing concern about drug availability and misuse challenges us all to provide effective drug education which covers commonly misused substances such as alcohol, medication, solvents and tobacco. Extensive support in the form of drug education resources, advice and training is already available to support schools working in partnership with parents and the wider community.

The Scottish Office has already made available to all schools, at no cost, the curriculum materials "Drugwise First", "Drugwise Two" and "Drugwise, Drug Free". Two reports, "Issues in Health Education" (1995) and "Monitoring Action of Drugs and Diet" (1998) have provided clear statements of what HM Inspectors of Schools recommend in terms of drug education and appropriate arrangements for managing drug misuse. The Health Education Board for Scotland (HEBS) has also made available a range of advice and support materials. Further up-to-date support includes 1998-00 television broadcasts from the BBC on personal and social education, and a training programme for primary schools provided through Scotland Against Drugs in collaboration with education authorities. In addition to national advice and support, there is also an extensive range of commercially produced materials, many of which are listed in the SCCC 5-14 catalogue "Environmental Studies: Health Education" as well as in the original HELP publication.

The aims of drug education in schools are prevention of drug misuse, the promotion of healthy life-styles, and the development of the knowledge, skills and values to help young people make responsible health choices. These aims are constant but the emphasis changes to match young people's different needs at each stage of their development.

All pupils require an appropriate understanding of responsible uses of medicine and strategies for dealing with stress and pain. Young children require help to recognise the link between

feeling happy and avoiding what could make them unwell. Older pupils require to understand both the impact of drugs on their health and the legal consequences of drug misuse, including possession and trafficking.

School provides a safe context for developing the necessary sense of self-esteem which helps pupils to make responsible healthy choices instead of engaging in drug misuse. Pupils also need the skills to be assertive enough to avoid drug-related risks. They need to identify their own health targets and develop strategies for dealing with health risks. These needs mean that drug education should involve young people in exploring issues and expressing concerns within a context where they feel valued.

The most common approaches to action against drug misuse may be summarised as follows:

- o sensationalised "shock-horror" approaches - inappropriate for schools
- o protection and prevention - appropriate for young children
- o protection, prevention and responsible decision-making for healthy life-styles without drug misuse - appropriate for older pupils
- o "harm reduction and minimisation" - appropriate for habitual drug misusers in specialised settings, usually supported by health professionals or drug education workers
- o peer education - appropriate at all stages, where young people, under appropriate adult supervision, offer younger children healthy role-models and opportunities for talking through drug issues in an accessible way

Schools can never condone drug misuse. In planning drug education they must work within child protection arrangements and within education authority policy. In planning, staff should take due account of pupils' prior learning and relevant circumstances in the local community. A drug education programme should help pupils develop an informed understanding of their own health and welfare, including how to prevent the harm caused by drug misuse. A secure place has therefore to be found in drug education programmes for older pupils to learn how to recognise the danger signs of drug misuse and how to take emergency action to protect themselves and others. As part of overall multi-agency support for young people at risk, school managers may require to liaise with off-site providers of specialist programmes of harm reduction and minimisation designed to phase out the drug misuse of particular individuals but this action should always be undertaken within education authority guidelines. Schools require clear procedures for dealing with disclosure of drug misuse. School staff cannot give absolute pledges of confidentiality but must refer illegal activity which places pupils' welfare at risk to other agencies. Advice on confidentiality given in "Personal Relationships and Developing Sexuality" (SOEID/Jordanhill 1994) sent to all schools in Scotland, applies to disclosure of drug misuse.

To be credible, effective drug education has to be both up-to-date and to start from pupils' actual needs. This requires systematic assessment of pupils' prior knowledge, experience and attitudes and, subsequently, of the learning gains made as a result of the drug education programme. "Draw and Write Approaches", with younger pupils, as described in "Confidence to Learn (HEBS 1998) and entry and exit tests for older pupils, can help schools identify pupils' learning needs for use in planning and adapting programmes.

Local health board life-style surveys and drug education research disseminated through the Scottish Office "Interchange" series provide schools with good information to use in targeting their drug education at appropriate age-groups, local drug issues and patterns of drug misuse.

Contributors from external agencies such as police, health professionals, drug misuse workers can help teachers provide credible well-informed drug education. However, the school is responsible for selecting, planning, evaluating and building on such contributions, and should always do so taking account of education authority policy and national advice.

Three national reports have recently given advice on partnerships in school drug education.

The Home Office publication "Drug Education in Schools" distributed to Scottish schools in 1993 indicated that drug education should be provided by teachers and by other professionals with specific training in the requirements of drug education and issues relating to drug misuse.

The Report from the Ministerial Drugs Task Force (October 1994) noted that

"The Drugs Task Force is concerned that, while outside speakers may be well motivated and have the best of intentions, they may not be the most effective channel for delivering drug prevention messages and in some instances their involvement may be counter-productive.

School policy on drug education and the management of drug misuse should take account of local community needs, within parameters set by the education authority. This requires schools to involve parents and the wider community in developing their policies. Schools have to recognise that young people within the same classroom are likely to have a range of vicarious experiences of drugs through media coverage and, occasionally, as onlookers to misuse in the local community and even in the home.

Schools have to condemn drug misuse but take prompt action to safeguard the welfare of the misuser and the school community as a whole. Perth and Kinross Education and Children's Services, in accordance with national advice, has provided schools with advice on managing specific incidents of drug misuse. This advice generally includes appropriate involvement of parents, police, social work and health professionals. National advice on the effective management of incidents of misuse is given in two reports from HM Inspectors of Schools: "Issues in Health Education" (1995) and "Monitoring Action on Drugs and Diet" (1998)

2. Key Principles

- o Schools have a responsibility for providing effective drug education covering commonly misused substances such as alcohol, medication, solvents, tobacco and controlled drugs.
- o The aims of this education are prevention of drug misuse, the promotion of healthy life styles and the development of the knowledge, skills and values to help young people to make responsible health choices.
- o Drugs education should be part of the wider context of PSE/PSD and Health Education within the school.

o Health Education should be co-ordinated within the school, and needs should be identified by consulting with pupils, involving parents in discussion, taking account of the school environment and local and national research findings.

o Approaches, therefore, which involve the whole school and are integrated with the related community are a necessary pre-condition for effective health education, whatever the focus. Whole school health initiatives and drug education programme also need to ensure sufficient time for staff training, planning, delivery, and quality assurance and to be accompanied by rigorous and appropriate evaluation.

o Teachers should use interactive methods and some may need both staff development and support to use resources confidently. A climate of trust can be developed between staff and pupils through interactive approaches.

o Schools are responsible for selecting, planning, evaluating and building on contributors from external agencies, and should always do so in accordance with education authority policy and national advice.

There are guidelines for the use of external support (visitors) in:

- * Health Education 5-14 - A Guide for Teachers and Managers
- * Simply Drugs (Tacade)
- * Putting People First (Tayside Regional Council 1993)

Reference to the document Health Education 5-14: A Guide for Teachers and Managers will provide advice in dealing with the above principles.

It is advised that staff follow guidelines given in:

- * Perth & Kinross Council - Management of Drug Related Incidents in Schools - Draft Policy September 2000
- Perth & Kinross Council Child Protection Guidelines

3. Context of the Drugs Education Programme

The Perth & Kinross Drugs Education Programme is designed to provide, in one document, information about resources, and suggestions for the planning and teaching of Drugs Education from pre-school to S6 in a coherent and consistent way which ensures continuity and progression.

This programme has been devised by a working group of practising teachers, co-ordinated strategically by Christa Beattie, Education Officer. The membership of the group reflected experience of teaching all the stages from pre-school - S6. It follows a consistent approach throughout in terms of themes and planning to make progression easy, and, in particular, at the potentially difficult transition between the primary school and the secondary school. Teaching methodology will change with the different stages, and 'key learning activities', 'assessment strategies' and 'resources' are recommendations. They have all been tried and tested however and it is hoped that the whole programme will provide an easy to use reference and planning tool, both for managers and classroom teachers which contributes to planning, assessment and learning and teaching and which also minimises workload.

This programme reflects the aims of the 5-14 documents (PSI) 1993, Health Education 5-14 SCW 1999 and Putting People First 1993.

4. The Framework of the Drugs Education Programme

These materials provide a progressive pathway following three strands from pre-school to S5/6,

The strands are:

- o Physical, Health - this strand explores physical factors in relation to our health and looking after ourselves
- o Emotional Health - this strand explores feelings and relationships and how they affect our mental wellbeing
- o Social Health - this strand explores the interaction of the individual, the community and the environment in relation to health and safety

The themes are presented topic by topic, in a consistent way throughout under five column headings:

- o Key strands
- o Assessment outcomes
- o Key learning activities
- o Assessment strategies
- o Resources

It is envisaged that teachers will be able to use these topic plans as they are, directly, in their planning and/or use them as a basis for their work but augment and annotate as appropriate for their own pupils' needs.

5. Programme **Not available.**

6. Cross-Curricular Links **Not available.**

7. Staff development

The provision of effective drugs education is dependent on highly trained teachers developing and maintaining good working links with outside agencies. Appropriate development opportunities are essential if staff delivering drugs education are to be knowledgeable, credible sources of information competent in the deployment of a range of methodologies.

Main recommendations for the success of the framework

- o Drugs education must be an integral part of the school's health education programme and personal and social development (PSD) programme

- o Each school should identify one member of staff with overall responsibility for the co-ordination and effective delivery of the health education and PSD programmes
- o All teachers involved in drug education should receive training in drug awareness and in the effective delivery of drugs education
- o Cluster co-operation is essential if there is to be consistency, continuity and progression in the provision of drugs education
- o There must be a yearly input of drugs education from nursery - S6
- o The development of a good working relationship between schools and outside agencies is essential
- o Information should be available for parents about the school's drugs education programme and its place in the whole school curriculum. Productive partnerships should be established e.g. parents' evenings, workshops, leaflets, shared homework, involvement of parent helpers, involvement of parents in working groups
- o The views of pupils should be sought to ensure that the programme meets their needs in terms of knowledge and understanding, attitudes and skills.

8. Membership of Drugs Education Working Group

Mr.G.Burns, Senior Teacher, Robert Douglas Memorial School, Scone

Ms S.Gordon, Head Teacher, Forteviot Primary School

Mrs. P.111sley, P.T. Guidance, Crieff High School

Mrs. F.McCallum, Curriculum Leader, Personal and Social Development and Health Education

Miss J.Pirnie, Senior Teacher, Breadalbane Academy Primary Department

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